

## TRANSCRIPT ORDER

Please Read Instructions:

TRANSCRIPT ORDER				DUE DATE:	
1. NAME John Cornwell				2. PHONE NUMBER (713) 222-4066	3. DATE 5/16/2023
4. DELIVERY ADDRESS OR EMAIL jcornwell@munsch.com; hvalentine@munsch.com				5. CITY Houston	6. STATE TX      7. ZIP CODE 77002
8. CASE NUMBER 23-90342	9. JUDGE Judge Lopez	DATES OF PROCEEDINGS 10. FROM 5/15/2023      11. TO 5/15/2023			
12. CASE NAME In re: Envision Healthcare Corp.				LOCATION OF PROCEEDINGS 13. CITY Houston      14. STATE TX	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)	PORTION(S)	DATE(S)	
<input type="checkbox"/> VOIR DIRE <input type="checkbox"/> OPENING STATEMENT (Plaintiff) <input type="checkbox"/> OPENING STATEMENT (Defendant) <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) <input type="checkbox"/> CLOSING ARGUMENT (Defendant) <input type="checkbox"/> OPINION OF COURT <input type="checkbox"/> JURY INSTRUCTIONS <input type="checkbox"/> SENTENCING <input type="checkbox"/> BAIL HEARING			<input type="checkbox"/> TESTIMONY (Specify Witness)  <input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)  <input checked="" type="checkbox"/> OTHER (Specify) First Day Hearing		
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Dav	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE <i>/s/ John D. Cornwell</i>				PROCESSED BY	
19. DATE 5/16/2023				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

DISTRIBUTION:

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ORDER RECEIPT

ORDER COPY